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LETTERS TO THE EDITOR

Acute Parvovirus B19 Infection in Adults



Parvovirus B19 infección en adultos

Dear Editor:

We would like to discuss on the publication on “Acute Parvovirus B19 Infection in Adults.”¹ Rodríguez Bandera et al. noted that “This infection should be suspected on observing signs of purplish skin rashes, no matter the location or pattern of distribution, or vasculitis, especially if accompanied by fever and joint pain in young women in the spring.”¹ It is no doubt that skin rash is an important clinical presentation of parvovirus B19 infection. However, it should be noted that not all cases present with skin lesion. According to a recent report by Parra et al.,² skin rash could be seen in only 58%. The other non-dermatological manifestation that should be known include “glove-and-socks” syndrome, red cell aplasia and arthropathy.³ The dermatologist should not forget to look for those problems in any cases with confirmed parvovirus B19 infection.

References

1. Rodríguez Bandera AI, Mayor Arenal M, Vorlicka K, Ruiz Bravo-Burguilllos E, Montero Vega D, Vidaurrázaga Díaz-Arcaya C. Acute parvovirus B19 infection in adults: a retrospective study of 49 cases. *Actas Dermosifiliogr.* 2014; <http://dx.doi.org/10.1016/j.ad.2014.06.004> [Epub ahead of print].
2. Parra D, Mekki Y, Durieu I, Broussolle C, Sève P. Clinical and biological manifestations in primary parvovirus B19 infection in immunocompetent adult: a retrospective study of 26 cases. *Rev Med Interne.* 2014;35:289–96.
3. Vafaie J, Schwartz RA. Parvovirus B19 infections. *Int J Dermatol.* 2004;43:747–9.

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Response to “Acute Parvovirus B19 Infection in Adults: A Retrospective Study of 49 Cases”[☆]



Réplica a «Estudio retrospectivo de 49 casos de infección aguda por parvovirus B19 en adultos»

To the Editor:

In response to the previously published *Letter to the Editor*, we would like to thank the authors for their input

and apologize for any misunderstandings that may have been caused by our article.

We concluded our article, which was aimed primarily at dermatologists, by saying that acute parvovirus B19 infection “should be suspected in any patient with a purpuric rash, regardless of its distribution, and particularly if the patient is a young woman, seen in the spring or summer months, with fever and joint pain”. We added that “the presence of skin lesions, presenting as either nonpalpable purpura (papular-purpuric gloves and socks syndrome) or palpable purpura (probably vasculitis), is particularly suggestive.”¹ We stressed the importance of this dermatologic sign, not only because it was the most common clinical finding in our series, but also because it prompts patients to visit their dermatologist.

That said, at no time did we wish to suggest that cutaneous lesions are the only manifestation of parvovirus B19 infection as, as was also demonstrated in our series, these lesions are present in just 55% of patients.¹

We also took the article by Parra et al. into account, which, as can be seen, is cited in our study.¹

[☆] Please cite this article as: Rodríguez Bandera AI, Mayor Arenal M, Vorlicka K, Ruiz Bravo-Burguilllos E, Vega DM, Vidaurrázaga Díaz-Arcaya C. Réplica a «Estudio retrospectivo de 49 casos de infección aguda por parvovirus B19 en adultos». *Actas Dermosifiliogr.* 2015;106:343–344.